

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER 00-14	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2000	

5. TYPE OF PLAN MATERIAL (Check One)

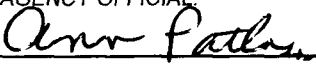
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT



COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.230 & Section 1902(M) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2000 \$ 15,000,000 b. FFY 2001 \$ 72,000,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 22 and Supplement 1 to Attachment 2.6-A, page 5.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A, page 22 and Supplement 1 to Attachment 2.6-A, page 5.

10. SUBJECT OF AMENDMENT:

New income eligibility standard for coverage of poverty level aged, blind or disabled persons.

11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.
12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST SPRINGFIELD, IL. 62763-0001 ATTENTION: John Rupcich
13. TYPED NAME: Ann Patla	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED 9-26-00	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 9/27/00	18. DATE APPROVED: 
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2000	20. SIGNATURE OF REGIONAL SPECIAL AGENT: 
21. TYPED NAME: Cheryl A. Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Insurance Oversight
23. REMARKS:	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 22
OMB NO.: 0938-

State: ILLINOIS

Agency*	Citation(s)	Groups Covered
ILLINOIS DEPARTMENT OF HUMAN SERVICES	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
	<input checked="" type="checkbox"/> 16. Individuals --	
1902(a) (ii) (X) and 1902(m) (1) and (3) of the Act		a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group. b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT</u> <u>2.6-A</u> .

TN No. 00-14
Supersedes
TN No. 97-14

Approval Date

7/1/2000

Effective Date 07-01-00
HCFA ID: 7983E

Revision: HCFA-PM-92-1
FEBRUARY 1992

(MB)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOIS

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m) (4) of the Act are as follows:

Based on the percent of the official Federal income poverty line for the appropriate family size:

Effective July 1, 2000

70% FPL

TN No. 00-14
Supersedes
TN No. 92-18

Approval Date

7/1/2000

Effective Date 07-01-00
HCFA ID: 7985E